

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
| 3 | 1 | | | | | |
| 4 | 1 | | | | | |
| 5 | 2 | | | | | |
| 6 | 2 | | | | | |
| 7 | 2 | | | | | |
| 8 | 2 | | | | | |
| 9 | 2 | | | | | |
| 10 | | | | | | |
| 11 | 1 | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | 1 | | | | | |
| 15 | | | | | | |
| 16 | 2 | | | | | |
| 17 | 2 | | | | | |
| 18 | 2 | | | | | |
| 19 | 2 | | | | | |
| 20 | 2 | | | | | |
| 21 | 2 | | | | | |
| 22 | 2 | | | | | |
| 23 | 2 | | | | | |
| 24 | 2 | | | | | |
| 25 | 2 | | | | | |
| 26 | 2 | | | | | |
| 27 | 2 | | | | | |
| 28 | 2 | | | | | |
| 29 | 2 | | | | | |
| 30 | 2 | | | | | |
| 31 | 2 | | | | | |
| 32 | 2 | | | | | |
| 33 | | | | | | |
| 34 | | | | | | |
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| 48 | | | | | | |
| 49 | | | | | | |
| 50 | | | | | | |
| TOTAL IND. | 22 | | | | | |
| TOTAL DEP. | 27 | | | | | |
| TOTAL CLAIMS | 39 | | | | | |

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS